

**APPLICATION FOR APPROVAL OF COURSE  
USE OF THE ULTRASONIC SCALER BY AN  
RDA TO REMOVE EXCESS CEMENT FROM  
CORONAL SURFACES OF TEETH UNDER  
ORTHODONTIC TREATMENT**

When submitting this application follow the enclosed guidelines. Complete descriptions of facilities, faculty, performance goals, curriculum content and competence assessment procedures are required in order to be considered for approval.

\_\_\_\_\_  
APPLICANT (Sponsor of course)

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CLINICAL FACILITY ADDRESS (If different)

TYPE OF COURSE: RDA\_\_\_\_\_ CERTIFICATION\_\_\_\_\_ CONTINUING EDUCATION\_\_\_\_\_

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Type of program (Must be postsecondary) Community College \_\_\_\_\_ Dental School \_\_\_\_\_  
Private School \_\_\_\_\_ Vocational Program \_\_\_\_\_

Other \_\_\_\_\_ (Specify)

Do you have approval from the American Dental Association? Yes \_\_\_\_\_ No \_\_\_\_\_

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PROGRAM FACULTY

1. Name of Program Director: \_\_\_\_\_

DDS\_\_\_\_\_ RDH\_\_\_\_\_ RDA\_\_\_\_\_ License Number: \_\_\_\_\_ Expires \_\_\_\_\_

2. Instructors:

DDS \_\_\_\_\_ License# \_\_\_\_\_ Expires \_\_\_\_\_

RDH \_\_\_\_\_ License# \_\_\_\_\_ Expires \_\_\_\_\_

RDA \_\_\_\_\_ License# \_\_\_\_\_ Expires \_\_\_\_\_

RDA \_\_\_\_\_ License# \_\_\_\_\_ Expires \_\_\_\_\_

3. The RDA instructors shall hold valid California certificates in the use of the ultrasonic scaler. Attach a copy of all current license renewals, certification and teaching credentials.

4. Faculty/Student Ratio: Didactic \_\_\_\_\_:\_\_\_\_\_ Lab \_\_\_\_\_:\_\_\_\_\_ Clinical \_\_\_\_\_:\_\_\_\_\_

5. Name of supervising dentist(s) responsible for clinical training:  
\_\_\_\_\_License#\_\_\_\_\_Expires\_\_\_\_\_

Attach a copy of a document signed by the supervising dentist in which the dentist agrees to be responsible for and in control of the quality, of instruction.

Didactic Hours\_\_\_\_\_ Laboratory Hours\_\_\_\_\_ Clinical Hours \_\_\_\_\_

Total length of Ultrasonic Scaling Program (hours)\_\_\_\_\_

Maximum number of students accepted for each course \_\_\_\_\_

Number of ultrasonic scaler units \_\_\_\_\_

THE APPLICATION WILL BE REJECTED IF IT IS NOT COMPLETE, THE TITLE IS INCORRECT OR IF NO CURRICULUM IS ATTACHED SUBMIT 4 copies of **EVERYTHING**

COMPLETE THE FOLLOWING: I certify under penalty of perjury under the laws of the State of California that the statements made above and the information provided with this application are true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title of person authorized to represent course

School Seal

**GUIDELINES FOR COURSE OF INSTRUCTION  
IN USE OF THE ULTRASONIC SCALER  
BY THE REGISTERED DENTAL ASSISTANT  
IN AN ORTHODONTIC SETTING**

**FUNCTION**

Under the direct supervision of a licensed dentist a registered dental assistant may remove excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler when doing so pursuant to the order, control, and full professional responsibility of the supervising dentist. This procedure shall be checked and approved by the supervising dentist prior to dismissal of the patient from the office of said dentist. Evidence of satisfactory completion by the RDA of a board approved course of instruction or equivalent instruction in an approved registered dental assisting program in this function must be submitted to the board prior to any performance thereof. (Section 1086(d)(12).

**GENERAL PROVISIONS**

**A. Facilities**

The facilities shall include a classroom and sufficient numbers of modern dental operatories containing the ultrasonic scaling unit(s) and the appropriate armamentarium for learning their function.

There shall be at least one ultrasonic unit for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.

The facility may include extra-mural offices or clinics which have a written contract of affiliation with the school of record and/or approved provider of continuing education.

**B. Faculty**

There shall be an adequate staff of competent educators with professional training and experience in the use of the ultrasonic scaler in an orthodontic setting.

Each faculty member shall possess a valid special permit or valid license issued by the board as a dentist, registered dental hygienist, or registered dental assistant who is certified in the use of the ultrasonic scaler in an orthodontic setting.

**C. Length**

The course shall be of sufficient duration to allow the task to be performed to clinical proficiency (Level 4) and shall include practice on manikins and 2 patient experiences. It shall also include an evaluation mechanism or procedure which assesses competence in the use of the ultrasonic scaler in an orthodontic setting. The actual course length shall be a minimum of 6 hours, of which no fewer than 2 hours are clinical.

D. Prerequisites

Students shall possess a valid RDA license or be currently enrolled in a board approved RDA program

E. Faculty/Student Ratio

There shall be no more than 8 students per instructor.

## **PERFORMANCE GOALS**

By the time a student completes a course in the use of the ultrasonic scaler, the student should be able to:

- A. Take and record health history and vital signs.
- B. Explain the procedure to the patient.
- C. Recognize loose appliances.
- D. Recognize decalcification.
- E. Demonstrate an ability to successfully remove cement from teeth under orthodontic treatment without causing damage to hard or soft tissues and without removal of cement from underneath the appliances.
- F. Maintain aseptic techniques including disposal of contaminated materials.

## **CURRICULUM CONTENT**

Areas of didactic, laboratory, and clinical instruction shall include at least the following areas and be related to the use of the ultrasonic scaler in an orthodontic setting.

- A. Taking and recording health history and vital signs.
- B. Review of tooth anatomy, morphology, and attachment apparatus.
- C. Identification of appropriate armamentarium and equipment.
- D. Techniques of cement removal to include fulcrums, instrument grasp, water control and visibility.
- E. Effects of ultrasonic scalers on hard and soft tissues of the mouth to include: root damage, enamel damage, thermal damage, and soft tissue damage.
- F. Patient and operator safety to include systemic medical complications (bacteremia), disease transfer and concerns for patients with pacemakers.
- G. Advantages and disadvantages of ultrasonics vs. conventional methods of cement removal.
- H. Adjunctive use of explorer, floss, mirror and toothbrush.
- I. Legal aspects including limitations and responsibilities and ramifications of misuse.

## **ASSESSMENT OF COMPETENCE**

To receive certification in this function persons who complete the course will be required to pass a written examination which reflects the entire curriculum content and pass a laboratory examination on a typodont or model which represents all four posterior quadrants which have been banded. The students should be able to remove all cement without loosening the bands. Final evaluation is the responsibility of the instructor.